

## MEETING SUMMARY

<b>Meeting/Project Name:</b>	CDS Processes and Expansion Subcommittee		
<b>Date of Meeting:</b> (MM/DD/YYYY)	06/12/2017	<b>Time Start:</b> <b>Time End:</b>	12:00 pm – 2:45 pm
<b>Call-In Number and Access Code:</b>		<b>Location: (Building &amp; Room Number)</b>	<i>room 2615 of the Brown-Heatly building</i>

### 1. State Meeting SMART Goal: Specific, Measurable, Achievable, Relevant and Time-Bound

### 2. Attendees

Member and State Agency Rep Name (guests and public members are not listed)	Attendance Status - In-Person, Phone, or Absent
Greg Hansch – (co-chair)	In-person
Nancy Crowther - member	In-person
Misty Sullivan – member	Phone
Heatherly Chenet – staff	In-person
Victoria Washburn – staff	In-person
Linda Levine – (co-chair)	Absent
Del Hodge - member	Absent
Pat Prince – staff	In-person

### 3. Meeting Agenda - Describe Decisions, Issues, and Motions

**Topic** (Info can include handout info referenced and speakers)

**Motion to approve previous meeting summary - Nancy moves, Misty seconds. Motion approved.**

**State Plan Amendment presentation**

**Doneshia Ates**

**State Plan Advisor**

**Medicaid State Plan, An Intro**

**-State Plan went into effect in 1965**

**-State Plan is contract between Texas and CMS**

**-describes services that allowed to provide**

**-approval by both parties**

**-difference between state plan and waiver: state plan comes before waivers. Basic standards of Texas Medicaid. Its language applies to entire program. Waivers are designed to waive a particular aspect of the plan.**

**-State Plan has two documents: Basic plan (bun of hamburger) and attachments/appendices (meat of hamburger). Usually attachments/appendices are the parts that are being changed.**

**-The plan is constantly being amended.**

**-Section 1: Single State Agency Organization**

**-Section 2: Coverage and Eligibility**

**-Section 3: Services: General Provisions**

**-Section 4: General Program Admin**

**-Section 5: Personnel Administration**

**-Section 6: Financial**

**-Section 7: General Provisions**

**-Search the Plan**

**a. All state plan docs are scanned using OCR – optimal character recognition - to make them searchable**

**b. Some older plagues might not be quite as searchable due to quality**

### **c. the plan features an index that can be accessed from the left sidebar**

#### **When do you need a SPA (state plan amendment)**

**-Necessary to reflect: a.) changes in federal law, regulations, policy, court decisions. B.) material changes...**

#### **1. A SPA should be submitted as a result of:**

- reimbursement changes**
- changes in existing limits**
- change in effective date**
- change in scope of service**
- change in eligibility**
- change in state administration**
- companion letter to an approved SPA**

#### **SPA development and approval process**

**-total avg. spa development process. Time: 6-12 weeks. Takes longer now: two staff instead of three.**

**-Total avg. spa approval time: 5-18 weeks**

**-Total time for entire SPA process: 11-30 weeks**

**-Medicaid Director approval**

**1915i Clock has stopped – CMS has requested additional info, now requested that SPA is back on the clock. 1915 I submitted at beginning of 2016**

**-Can take over a year to get amendment in. 1-2 years – extreme outliers. 6 months more on average**

**-hard to say how long it would take to add to add existing Medicaid waivers and managed care programs**

**TAC changes – can come before SPA**

## **Agenda item 4**

**-CDS rules and regs: main area is TAC**

**-Title 40, Part 1, Chapter 49 – contracting (mostly for FMSAs)**

**-CDS rules: Title 40 part 1, /Chapter 41 – CDS in general**

**-Living Admin Code: trying to keep it updated**

**-Secretary of State website**

**-CDS forms**

#### **Enrollment forms**

**-Overview of CDS options form, benefits and responsibilities, benefits of choosing CDS**

**Page 2 of Forms 1581: assisting individual in deciding if they would like to participate – presented by case manager annually (some people say they never saw). Trying to make it not just a paper to sign. Sometimes presented negatively. Trying to give case managers better outlook on CDS option**

**-providing individual more info in what they would be doing as an employer...**

**-if signed, FMSA will receive. Case manager will assist in completing. Can designate a DR.**

**-additional responsibilities of being employer. Who can and cannot be hired. Completed after individual has decided to participate.**

**Form 1586 – availability of support consultation. Explains what support consultation is.**

**Form 1720**

**Form 1735 -**

**Form 1726 – documentation of employer orientation**

**Form - Employer and FMSA agreement**

**Form 1736**

**Form 1740 – backup plan for CDS specifically – what happens if primary employee doesn't show**

**Form 1724 – any required support documentation. Before services can be delivered, FMSA must review. Explains who's responsible for obtaining**

**Form 1725 – criminal history and registration**

**Form application and verification**

**Form 1734 – service provider and relationship status**

**Form 1728 – liability form**

**W-4 Form**

**new hire reporting form**

**1730 wage and benefits form**

**1731 benefits**

**-employee service agreements – 1737 and 1739. 1749 is same expect for entities like day hab and transportation**

**-CPR requirements**

**-1727 – exposure to bloodborn pathogens**

**-notices about workers comp**

**-1747 – acknowledgement of nursing requirements.**

**-LVN form**

**-if delegated services – 1733**

**-ongoing forms**

**-timesheet**

**-alternative languages and print**

**-electronic signatures? May help to streamline**

**-certain forms can be signed online – possibility of making this available for more forms**

**-Time reporting online should be an option?**

**-Employee forms – cutting forms down? Combining forms?**

**-co-employment**

**-identity and title for client: standardizing? Many be difficult.**

**Form 1581 discussion:**

**-option should be for a provider: make it CDS first – eliminating opt-in: making it opt-out**

**-training the service coordinators and the case managers**

## **Agenda Item 5**

**Goal #1: By March 2020, identify and correct barriers regarding full budget authority and implement full budget authority in all CDS programs.**

**Goal #2: By March 2020, add the CDS option to all long-term services and supports (LTSS) through existing Medicaid waivers and managed care programs administered by HHS. By March 2020, identify barriers to the CDS option being offered through all public sector services administered or overseen by HHS.**

**Goal #3: By March 2020, identify barriers to uptake in the CDS option. Prioritize and correct processes, rules, policies and procedures that may serve as a barrier to uptake in the CDS option. The lack of certain processes, rules, policies and procedures may also be considered a barrier.**

### **Goal 1: Full budget authority**

**-What do we mean by full budget authority? By CMS definition, we're already offering full budget authority in all 1915c.**

**-More flexibility needed**

**-fax machine - \$600 allowance for employer support services – may affect available money**

**-Increase employer flexibility to a.) amend what money can be used for, and b.) allow for increased flexibility in moving funds between pools of money**

**-Increase employer authority**

**-IPC revision – service coordinator has to sign-off on it**

**-adding services – state plan / waiver?**

**-purchasing goods in place of services – not something that can be done with CDS policy**

**-research into how other states accomplish this – Arkansas (cash in counseling)**

**-1115 Star Plus**

**-1915c**

**-National Center**

**-Investigate greater authority for CDS employers to purchase goods in lieu**

**-get historical data on previous discussions**

**-ask HHSC Star+ staff to come talk about it**

### **Goal 2: Adding CDS option to all services through existing Medicaid waivers and managed care programs**

**-CDS webpage: lists services that CDS is available for**

**-Heatherly has a comprehensive chart**

**TXhtml – only waiver that all services can be CDS**

**TXhtml – smaller waiver – has a cap**

**-expansion: barrier on SRO – co-employer (region 1 in Bexar County)**

**-do an amendment**

**-Waiver amendments happen every 3 years**

**HCS Amendment happening now – full waiver renewal**

**-CDS: respite, transportation, employment assistance, support**

**-adaptive aids, home modifications, dental,**

**-HCS Waiver folks – Heatherly will reach out to them and supervisor –**

**-overall waiver amendment staff may need to be talked to**

**YES Waiver – opportunity to bring in CDS?**

### **Goal #2 amended to read:**

**The committee amended Goal #2 from: "By March 2020, add the CDS option to all services through existing Medicaid waivers and managed care programs administered by HHS. By March 2020, identify barriers to the CDS option being offered through all public sector services administered or overseen by HHS."**

**to "By March 2020, add the CDS option to all long-term services and supports (LTSS) through existing Medicaid waivers and managed care programs administered by HHS. By March 2020,**

**identify barriers to the CDS option being offered through all public sector services administered or overseen by HHS.”**

**Goal 3: Increase uptake**

**a.) eliminating the opt-in, making it an opt-out**

**-changing the form (1581?) to make it opt-out**

**-letters out to stakeholders notifying of change**

**-training the service coordinators**

**-electronic signatures? May help to streamline**

**-certain forms can be signed online – possibility of making this available for more forms**

**-Time reporting online should be an option?**

**-Employee forms – cutting forms down? Combining forms?**

**-co-employment**

**-identity and title for client: standardizing? Many be difficult.**

**Form 1581 discussion:**

**-option should be for a provider: make it CDS first – eliminating opt-in: making it opt-out**

**-training the service coordinators and the case managers**


4. Action Items					
Action		Responsible Person		Priority and Due Date	
Get Helen Baker requested information for report		Greg in consultation with Heatherly			
Get more information about waiver amendment process		Heatherly / Greg			
Identify waivers and programs that have no CDS whatsoever YES Waiver – HCBS-AMH		Heatherly / Greg			
Talk with HCS Waiver folks about making CDS available for more services		Heatherly / Greg			
Write recommendation about opt-in / opt-out		Heatherly / Greg			
Write recommendation about more electronic verifications		Heather / Greg			
Notes					
5. Next Meeting & Potential Agenda Items					
Date: (MM/DD/YYYY)		09/11/2017	Time:	12:00 pm	Location:
Potential Agenda Items:		? ? ?			

